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# COMPLIANCE ACTION PLANS *for HCBS Settings*

South Carolina Department of Disabilities & Special Needs  
Compliance Action Plan Guidance for 2017 HCBS Settings Rule Assessments Completed by PCG

June 25, 2018

# Agenda

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1. History/Background
2. CMS Guidance for Corrective Action Plans (CAPs)
3. DDSN CAP Completion:
  - DRAFT-WILL INCORPORATE FEEDBACK FROM TODAY
4. State Responsibilities
5. Co-Location Technical Assistance
6. Next Steps/Resources

# History

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The HCBS Settings Rule was enacted in March 2014.

The essential concepts mandated by the HCBS Settings Rule are not new to the disabilities field nor are the concepts new to most DDSN Providers.

These concepts are embedded in the work of The Council on Quality and Leadership (CQL) with whom DDSN has contracted for over 20 years and who, on DDSN's behalf, has provided numerous opportunities for providers to learn about Personal Outcome Measures<sup>®</sup> and Basic Assurances<sup>®</sup> or similar tools.

**The concepts taught by CQL are the essential concepts now mandated by the HCBS Setting Rule.**

# Over the Years...

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In 2007 & 2008, 28 DDSN providers participated in Quality Enhancement Reviews using the Organizational Assurances<sup>®</sup> (a pre-cursor to the current Basic Assurances<sup>®</sup>).

The results, as compiled in March 2008, reflected systems that overwhelmingly **met** assurances for health, safety, and welfare, as well as legal and fiscal accountability.

However, results indicated a **need for change** regarding the assurances for responsive systems. It was determined that systems were not responsive because they failed to:

- define their primary customer,
- promote coordinated systems that were responsive to the needs and desires of service users, or
- implement strategies for listening to and learning about each person.

# Over the Years...

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Using the Basic Assurances<sup>®</sup> as a guide and to facilitate movement toward responsive services, DDSN has for years been incorporating these essential concepts into the DDSN Service Standards, Licensing Standards, and Department Directives.

Personal Outcome Measures<sup>®</sup> and Basic Assurances<sup>®</sup> are referenced in DDSN's QIO Review tools.

# And Now...

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Many DDSN providers state that they have been embracing these essential concepts for many years.

If these concepts have been embraced for many years, to achieve compliance with the HCBS Settings Rule, many providers may only need to tweak their policies and practices in order to achieve compliance.

As DDSN incorporates the Basic Assurances<sup>®</sup> into the QIO Processes, providers will likely continue to develop and refine their systems and practices which will ensure full compliance with the HCBS Settings Rule.

# Background: Assessment

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In 2017, SCDHHS contracted with the Public Consulting Group (PCG) to conduct on-site assessments of DDSN Day and Residential Settings to determine compliance with pre-determined indicators related to the HCBS Settings Rule.

# Background: Domains by Setting

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## 10 RESIDENTIAL SETTINGS DOMAINS

- Community Integration
- Choice of Setting
- Individual Rights
- Autonomy and Independence
- Choice of Setting
- Landlord Tenant Rights
- Privacy
- Self-Determination
- Visitors
- Physical Accessibility

## 6 DAY SETTINGS DOMAINS

- Community Integration
- Choice of Setting
- Individual Rights
- Autonomy and Independence
- Choice of Setting
- Physical Accessibility

# And Now...

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The PCG Site Assessment results are the basis for Compliance Action Plans (CAP).

# CMS: Definition of a Compliance Action Plan (CAP)

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“A step by step plan of action that is developed to achieve targeted outcomes for resolution of identified errors in an effort to:

- Identify the most cost-effective actions that can be implemented to correct error causes
- Develop and implement a plan of action to improve processes or methods so that outcomes are more effective and efficient
- Achieve measureable improvement in the highest priority areas
- Eliminate repeated deficient practices.”

<https://www.cms.gov/research-statistics-data-and-systems/monitoring/programs/perm/downloads/2013correctiveactionpowerpoint.pdf>

# CMS: Importance of Developing a CAP

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A CAP is important because:

- Corrective actions are developed.
- Corrective actions are implemented.
- Corrective actions are managed and monitored.
- Promotes program improvement.
- Program continues to evolve.

# CMS: Steps To Ensure A Successful CAP

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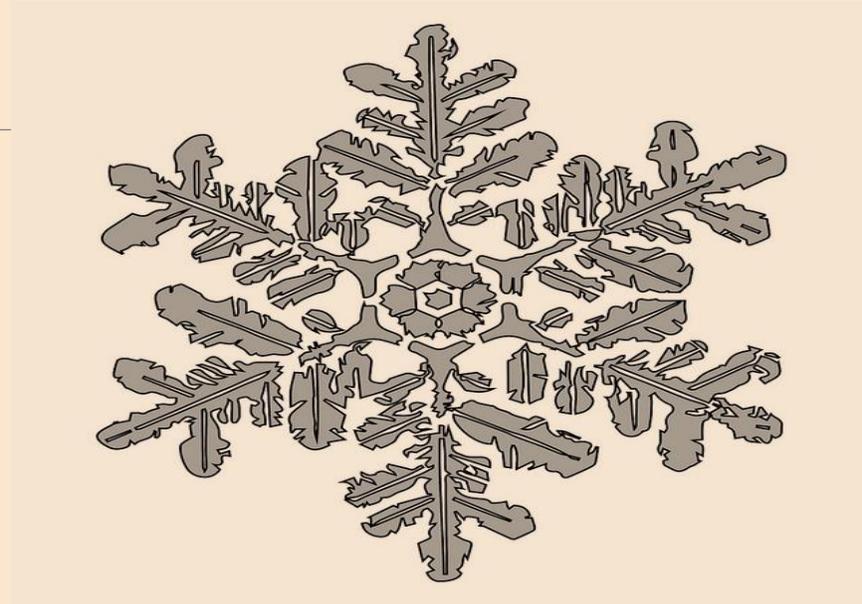
- Step 1 Select the right corrective action team members.
- Step 2 Identify all errors and deficiencies.
- Step 3 Determine the underlying cause of the error, not just the surface cause and don't take any short cuts.
- Step 4 Brainstorm corrective actions for each error or error trend identified. Collect all ideas even though all may not be feasible or implemented.
- Step 5 States should perform a cost benefit analysis to determine which corrective actions are most cost effective.
- Step 6 Set achievable deadlines, targets and milestones.
- Step 7 Evaluate and monitor the corrective action progress.

<https://www.cms.gov/research-statistics-data-and-systems/monitoring/programs/perm/downloads/2013correctiveactionpowerpoint.pdf>

## District of Columbia

Each CAP is like a snowflake...

...it's unique to  
your center, your staff,  
and your operations.



“Successful Corrective Action Plans: Demonstrating Commitment to Compliance.” Retrieved from <https://osse.dc.gov/page/administrative-reviews-and-successful-corrective-action-plans>

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# CAP Completion

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# CAP Completion - Format

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The PCG Site Assessment Results are the basis for the Compliance Action Plans (CAP).

Templates for the format to be used for CAPs have been provided by DDSN. **These are DRAFT versions. We need your feedback.**

# CAP Completion - Format

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DDSN has designed a template that, on a provider-wide basis, targets the **domain(s)** and requires an individual, specific plan or response to **each indicator** identified as non-compliant.

However, if a provider has multiple non-compliant indicators in the same domain associated with the same policy, the provider may combine the multiple indicators into one template.

# Criteria for CAP

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The need for a CAP has been determined using the following criteria:

- A CAP template will not be required for indicators for which a compliance rate of 80% or greater was achieved.
- A CAP template will be required for each indicator in which less than 80% compliance was achieved.

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# Criteria for CAP

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## Why 80%?

- ❖ Performance  $\geq 80\%$  indicates there are policies and practices in place; therefore, corrective actions are not required.
- ❖ Performance  $< 80\%$  indicates a need for policy changes and/or training and monitoring of implementation of existing policies; therefore, corrective actions are needed.
- ❖ 80% compliance/20% non-compliance rates allow for both surveyor/reviewer inconsistencies and response anomalies.

# CAP for Residential Settings

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Each residential non-compliant indicator will require one CAP template, which will address the non-compliant indicator **across the provider's portfolio** of residential settings.

Individual CAP templates for each setting in which non-compliant indicators were found will not be required.

If a provider has multiple non-compliant indicators in the same domain associated with the same policy, the provider may, at his/her discretion, respond to the multiple non-compliant indicators in one CAP template.

# Residential Example 1

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Nyland County DSN Board operates 4 CTHIs, 5 SLPis and 1 CRCF.

Their HCBS Residential Assessment – Provider Summary data indicates that 80% compliance was not achieved for:

- 4 indicators in the Individual Rights domain and
- 2 indicators in the Visitors domain.

Therefore, at a minimum, six (6) CAP templates are required:

four (4) for Individual Rights addressing all 4 indicators in all settings, and  
two (2) for Visitors addressing 2 indicators in all settings.

# Unless: Residential Example 1.0

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Nyland County DSN Board operates 4 CTHIs, 5 SLPIIs and 1 CRCF.

Their HCBS Residential Assessment – Provider Summary data indicates that 80% compliance was not achieved for:

- 4 indicators in the Individual Rights domain and
- 2 indicators in the Visitors domain.

Provider determines that the policy addressing Visitors will address all non-compliant indicators in the Visitors domain.

Therefore, five (5) CAP templates are :

four (4) for Individual Rights addressing all 4 indicators in all settings, and  
one (1) for Visitors addressing 2 indicators in all settings.

# CAP for Residential Settings

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In some situations, it may be more efficient and effective to create more than one CAP template for a domain.

# Additional CAP Templates

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Specific CAP templates will be required for individual residential settings when:

- Co-location concerns are noted for clusters of residences or an individual apartment building(s), and/or
- Residential settings identified as having a fence or locked gate that may have the effect of isolating.

# Co-location & Fence Residential Example

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Zbornak DSN Board operates 6 CTHIs and 25 SLPiIs.

Their HCBS Residential Assessment – Provider Summary data indicates that 80% compliance was not achieved for:

- 1 indicator in the Privacy domain,
- Concerns with co-location (Rose CTHI and Miles CTHI are side –by -side)
- Locked gate and fence appearing to have isolating effect (Sophia CTHI).

Therefore, at a minimum, **three (3)** CAP templates are required:

- 1 the for the Privacy domain addressing the 1 indicator in all settings,
- 1 for Rose CTHI and Miles CTHI addressing co-location concerns, and
- 1 for Sophia CTHI addressing the isolating effects of the locked gate/fence.

# CAP Template for Co-Location

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Co-location concerns for residential settings were identified when:

- the property lines of the setting physically touched the property lines of another setting (residential or day services); and/or
- four or more apartments were leased together within a complex or the complex as a whole was determined to be disability-specific.

A CAP template for each cluster of residences and/or individual apartment building(s) with a co-location concern will be provided.

If you disagree with an identified co-location concern, please email evidence to support your conclusion to [HCBS@ddsn.sc.gov](mailto:HCBS@ddsn.sc.gov) by **July 31, 2018**.

# CAP Template for Fence or Locked Gate

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A CAP template for each residential setting identified as having a surrounding fence or locked gate that may have an isolating effect will be provided.

If you disagree with the identification of a setting with a fence or locked gate that may have an isolating effect, please email evidence to support your conclusion to [HCBS@ddsn.sc.gov](mailto:HCBS@ddsn.sc.gov) by July 31, 2018.

# CAP for Day Settings

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Each Day Setting non-compliant indicator will require one CAP template, which will address the non-compliant indicator **across the provider's portfolio** of Day Settings.

Individual CAP templates for each Day Setting in which non-compliant indicators were found will not be required.

If a provider has multiple non-compliant indicators in the same domain associated with the same policy, the provider may, at his/her discretion, respond to the multiple non-compliant indicators in one CAP template.

# CAP Documents

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**In each provider’s folder in “Business Tools” there is a folder entitled “Provider Compliance Action Plans,” which will include the following:**

Memo re: Instructions to Complete CAP for HCBS Settings Rule Assessments;

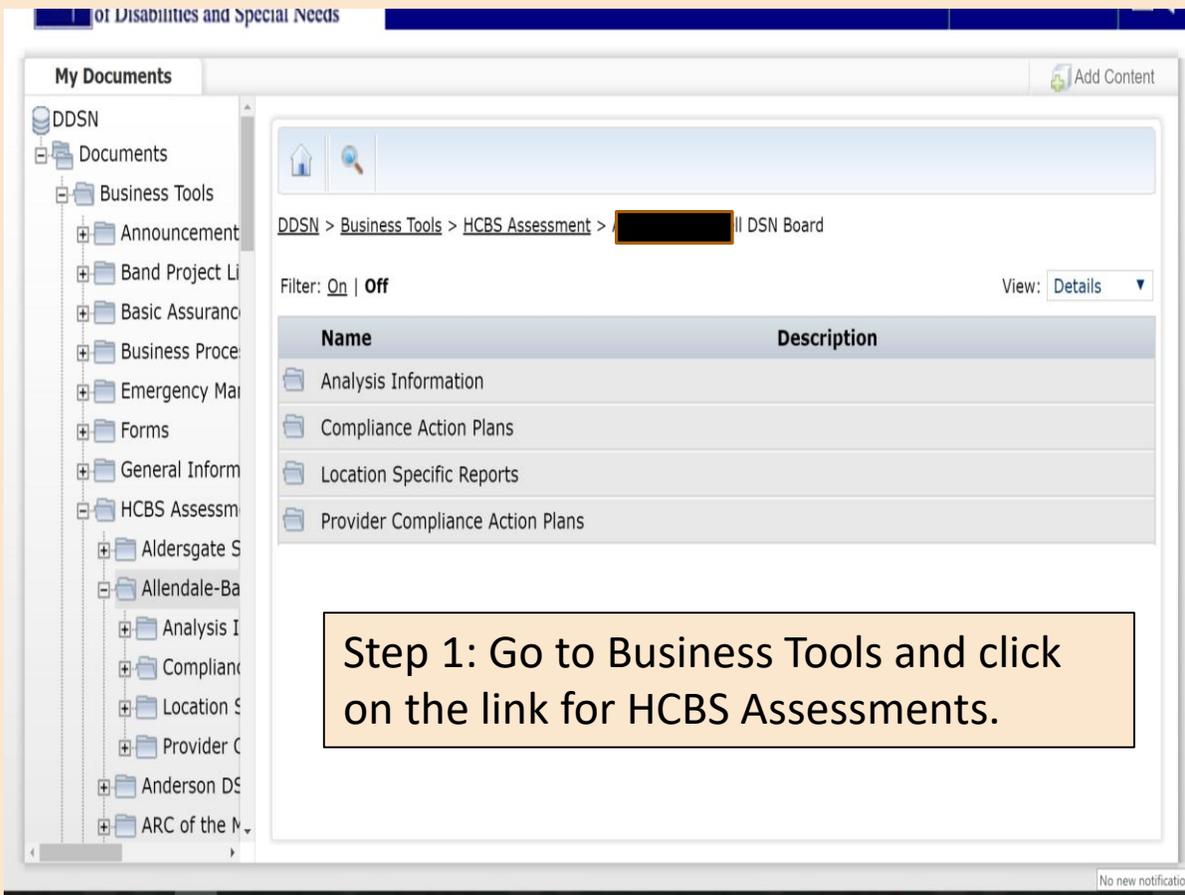
A folder entitled, “Residential Settings,” which contains: 1) PDF titled, “HCBS Residential Assessment – Provider Summary;” and 2) an Excel workbook containing a CAP response format for each residential domain (10 total);

A folder entitled, “Day Settings,” which contains: 1) PDF titled, “HCBS Day Assessment – Provider Summary;” and 2) an Excel book containing a CAP response format for each day domain (6 total);

A folder entitled, “Co-location,” which contains a co-location CAP response format for **each** cluster of residences identified by DDSN with co-location risk or individual apartment building(s) with a co-location risk; and

A folder entitled, “Fences or Locked Gates,” which contains a fence or locked gate CAP response format for **each** residential setting identified with a fence or locked gate issue.

# Accessing Provider Information in the DDSN Applications Portal/Business Tools



My Documents

DDSN

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Business Tools

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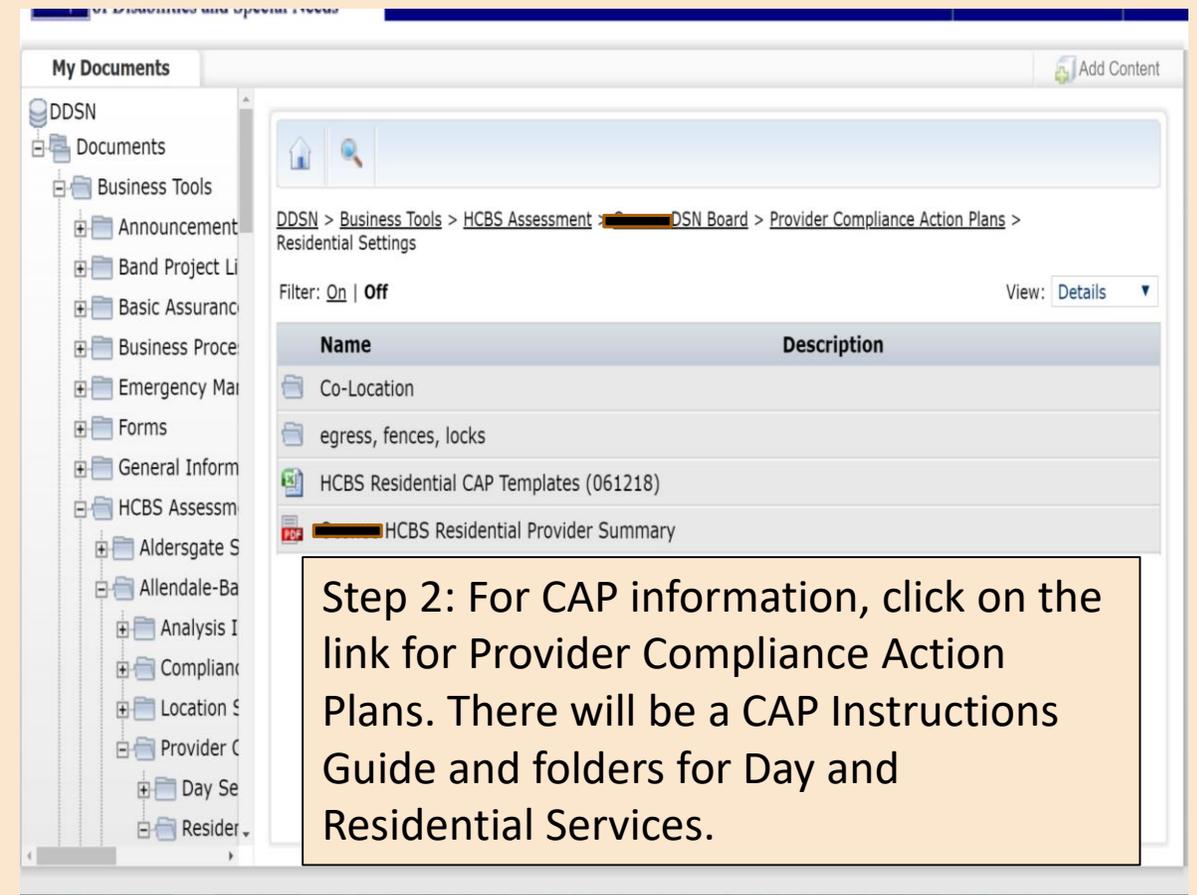
ARC of the N

DDSN > Business Tools > HCBS Assessment > [Redacted] DSN Board

Filter: On | Off View: Details

Name	Description
Analysis Information	
Compliance Action Plans	
Location Specific Reports	
Provider Compliance Action Plans	

Step 1: Go to Business Tools and click on the link for HCBS Assessments.



My Documents

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DDSN > Business Tools > HCBS Assessment > [Redacted] DSN Board > Provider Compliance Action Plans > Residential Settings

Filter: On | Off View: Details

Name	Description
Co-Location	
egress, fences, locks	
HCBS Residential CAP Templates (061218)	
[Redacted] HCBS Residential Provider Summary	

Step 2: For CAP information, click on the link for Provider Compliance Action Plans. There will be a CAP Instructions Guide and folders for Day and Residential Services.

# Using the Provider Summary

- The HCBS Residential Assessment or Day Assessment – Provider Summary highlights all indicators less than 80% compliant in **red**.
- The provider may reference their individual location summaries (available in the HCBS Assessment folder in Business Tools), in order to determine the specific locations where non-compliance was found.
- For additional information, the statewide compliance percentages by setting type are provided.

Provider HCBS Compliance Data As Compared to Statewide Averages					Statewide Compliance per Setting Type				
DDS Res. Hab. Provider Agency		Non-Compliant Count	Non-Compliant Percentage	Compliance Percentage	CRCF	CTH I	CTH II	SLP I	SLP II
<b>Community Integration</b>									
A1	The location is free from a surrounding high wall, fence, closed gate, or locked gate	4	11%	89%	90%	91%	91%	91%	98%
A2	The setting is free from locked doors, gates, or other barriers which inhibit entry to or egress from the location	4	11%	89%	86%	92%	90%	89%	98%
B1	Waiver participants participate in outings with their housemates	0	0%	100%	92%	93%	93%	88%	100%
B2	Waiver participants run errands independent of their housemates	1	3%	97%	84%	86%	77%	89%	95%
B3	Waiver participants go on outings with family members	0	0%	100%	94%	83%	93%	91%	100%
B4	Waiver participants participate in outings with friends, or other people important to them	0	0%	100%	94%	85%	93%	91%	100%
B5	Waiver participants access the community through planned events with their residential provider	0	0%	100%	94%	88%	93%	91%	95%
B6	Group and individual activities are planned with input from the waiver participants rather than chosen by staff	0	0%	100%	88%	90%	90%	91%	95%
C1	Waiver participants have access to and control over their own money	26	74%	26%	30%	33%	58%	57%	
W1	Do you go to community events to do things you like to do? Waiver participants have access to the community through planned events with their residential provider	3	9%	91%	61%	51%	74%	86%	86%
W2	Do you go on errands (drug store, shopping for clothing, etc.) in the community? Who do you go with? Do you have to do errands with everyone in the house? Waiver participants may run errands at the time of their choosing, with or without other housemates	9	26%	74%	49%	57%	81%	64%	
Total		47	9%	88%	Statewide Compliance per Setting Type				
<b>Choice of Setting</b>									
A1	The waiver participant is provided options when choosing the setting, including non-disability specific settings	1	3%	97%	80%	73%	74%	77%	84%
A2	Waiver participants have the option for a private bedroom	0	0%	100%	67%	90%	92%	91%	100%
A3	Waiver participants who share bedrooms have a choice of roommates	0	0%	100%	37%	23%	17%	56%	38%
A4	Waiver participants can decorate their bedrooms in the manner of their choosing	1	3%	97%	94%	88%	90%	77%	96%
W1	Did you choose this house or apartment? Was there another place you wanted to live? The waiver participant was provided options when choosing the setting, including non-disability specific settings	17	49%	51%	42%	61%	67%	70%	
W2	Did you get to choose to have a private bedroom? Waiver participants have the option for a private bedroom	6	17%	83%	37%	54%	82%	89%	95%
Total		25	12%	88%	Statewide Compliance per Setting Type				
<b>Individual Rights</b>									
A1	Waiver participants are informed of their rights	4	11%	89%	78%	89%	83%	91%	98%
A2	Rights information is posted in an area easily accessible to the waiver participant	12	34%	66%	38%	72%	54%	61%	
A3	Waiver participants are informed of the process for filing grievances or complaints	6	17%	83%	92%	87%	90%	91%	100%

# HCBS Residential CAP Templates (in Excel Format)

Providers should use the Excel format to insert responses.

Additional information may be scanned and uploaded.

**Instructions for Completion**  
Home and Community Based Services (HCBS) Settings Rule  
Compliance Action Plans (CAP) Due by September 30, 2018 to HCBS@dssn.sc.gov

**The Compliance Action Plan (CAP) Process is based on the following criteria:**

- Performance <80% indicates a need for policy, training and monitoring changes specific to the item that must be enumerated in a CAP.
- Performance >=80% indicates there are policies and practices in place, therefore a CAP is not required.

**CAP Completion**

- Each provider agency will receive a HCBS Assessment- Provider Summary in their HCBS Assessment folder in Business Tools. This summary report outlines the overall compliance percentage for each indicator within the 10 domains. Any indicators with compliance scores of less than 80% will be highlighted in red. Providers must complete a CAP for all highlighted indicators. If more than one indicator is highlighted, the provider may complete one CAP for the domain if the applicable policies and remediation strategy are all related. The provider may use discretion in determining when one CAP may be used per domain versus the need for multiple CAPs to cover multiple indicators. The provider may reference their individual locations summaries (also available in the HCBS Assessment folder in Business Tools), in order to determine the specific locations that were determined non-compliant. For additional comparison, the results from the statewide global analysis have been provided.
- A master template for each domain is available in Business Tools. Providers should review their summary report to determine which domains will require a CAP and use the template for that domain. All that will easily identify the materials and indicators to be linked. Please use "Provider name.domain name.indicator number" as you are naming documents. For example: "ACDSNB.CommunityIntegration.money1" or "ACDSNB.IndividualizedRights.complaintprocess1."
- When attached, policies should be highlighted to show the revisions which address the specific indicator/domain being addressed. Providers should use a standard naming convention for any electronic copies of "ACDSNB.IndividualizedRights.complaintprocess1."
- Providers should specify how training will be tailored to specifically address issues that were more prevalent in a specific residential model. This can be determined with the review of individual site assessments and the count of settings provided on the provider percentage analysis chart.
- All CAPs must be electronically signed by the agency's Executive Director.

**Home and Community Based Services (HCBS) Settings Rule Compliance Action Plan (CAP) Due by September 30, 2018 to HCBS@dssn.sc.gov**

For specific guidance related to the HCBS Settings Rule, please refer to the SCDHHS Website at <https://msp.scdhhs.gov/hhs/> or the SCDDSN Website at <http://dssn.sc.gov/QualityManagement/Pages/HomeandCommunityBasedServicesSettingsRule.aspx> or the links available through the Business Tools section of the DSSN Applications Portal.

**Residential Settings Identified "At-Risk" Due to Co-location Concerns**

DSSN Contracted Provider Name:	Setting (Cluster) Cited for Non-compliance:
	The setting (cluster) indicated above has been identified as "at risk" for heightened scrutiny due to having a co-location risk. DSSN's criteria for residential settings as having a co-location risk was property lines physically touching another residence or day program. Apartment buildings assessed to be at risk when four or more apartments were leased together or the complex, itself, was determined to be disability-specific. Co-location increases the risk of participant isolation. As a result, this CAP must address the provider's current practices and future demonstrating how services and supports are individualized for participants, as well as participants having information and exposure to community life. This may include training provided to participants about choices and autonomy related to daily schedules, community and day activities, medication administration, food preparation and meal times, community access, and transportation. The mitigation of co-location concerns for different setting types (CTH II vs. CTH I vs. SLP I or CRCF). A copy of any agency policies or practices to address the co-location should be attached with highlighting/labeling added for specific policy sections addressing these requirements. If a provider feels the co-location concerns have been cited in error, please notify DSSN prior to July 31, 2018 for re-consideration of the need for a CAP to be required no later than September 30, 2018.

**Section below this line to be completed by SCDDSN**

**Executive Director Review and Signature:** \_\_\_\_\_

**FOLLOW-UP REVIEW** Progress towards the Compliance Action Plan verified through: [ ] Contract Compliance Review [ ] Licensing Review [ ] QIO Observation [ ] Other Source: \_\_\_\_\_

**FOLLOW-UP REVIEW FINDINGS (Indicate Data/ Measurement Source and Date)** \_\_\_\_\_

**Additional Action Required:** \_\_\_\_\_

**SCDDSN Review Date:** \_\_\_\_\_ **SCDDSN Staff Review:** \_\_\_\_\_

**Section below this line to be completed by the provider agency to monitor progress.**

**Executive Director Review and Signature:** \_\_\_\_\_

**FOLLOW-UP REVIEW** Progress towards the Compliance Action Plan verified through: [ ] Contract Compliance Review [ ] Licensing Review [ ] QIO Observation [ ] Other Source: \_\_\_\_\_

**FOLLOW-UP REVIEW FINDINGS (Indicate Data/ Measurement Source and Date)** \_\_\_\_\_

**Additional Action Required:** \_\_\_\_\_

**SCDDSN Review Date:** \_\_\_\_\_ **SCDDSN Staff Review:** \_\_\_\_\_

**Navigation Bar:** CAP Instructions | Co-Location | Barriers to Egress | Community Integration | Choice of Setting | Individualized Rights | Auton... | Co-Location | Barriers to Egress | Community Inter...

**Page-Footer:** SC DSSN COMPLIANCE ACTION PLAN GUIDANCE FOR HCBS SETTINGS 31

# CAP Completion Requirements for DDSN Providers

A template for each domain is available in Business Tools.

Providers should review their summary report to determine which indicators will require a CAP template and use the template for that domain.

All questions in the template must be answered in full, including the provider's steps for on-going monitoring. Additional information may be provided.

HCBS Residential CAP Templates (061218) - Excel

File Home Insert Draw Page Layout Formulas Data Review View Power Pivot Tell me what you want to do

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Paste B I U Font Alignment Number Conditional Formatting

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South Carolina Department of Disabilities and Special Needs

Home and Community Based Services (HCBS) Settings Rule Compliance Action Plan (CAP) Due by September 30, 2018 to HCBS@dds.sc.gov

For specific guidance related to the HCBS Settings Rule, please refer to the SCDHHS Website at <https://msp.scdhhs.gov/hcbs/> or the SCDDSN Website at <http://ddsn.sc.gov/QualityManagement/Pages/HomeandCommunityBasedServicesSettingsRule.aspx> or the links available through the Business Tools section of the DDSN Applications Portal.

**Residential Domain: Community Integration**

Providers should complete a CAP for each indicator scoring <80% compliance as noted on the HCBS Settings Assessment- Provider Summary. Indicators within the Domain may be included in one CAP to include all targeted actions, where appropriate, or the indicators may be addressed on individual CAPs where multiple actions will be needed. Providers must use discretion when determining whether to combine multiple indicators on one form, as remediation must be demonstrated in all areas. Attachments must use a naming convention that will correspond to the indicator cited.

**Indicators addressed in this CAP:**

- Waiver participants participate in outings with their housemates.
- Waiver participants run errands independent of their housemates.
- Waiver participants go on outings with family members.
- Waiver participants participate in outings with friends, or other people important to them.
- Waiver participants access the community through planned events with their residential provider.
- Group and individual activities are planned with input from the waiver participants rather than chosen by staff.
- Waiver participants have access to and control over their own money.
- Do you go to community events to do things you like to do? Waiver participants have access to the community through planned events with their residential provider.
- Do you go on errands (drug store, shopping for clothing, etc.) in the community? Who do you go with? Do you have to do errands with everyone in the house?
- Waiver participants may run errands at the time of their choosing, with or without other housemates.

DDSN Contracted Provider Name: \_\_\_\_\_ Settings Cited for Non-compliance: \_\_\_\_\_

*(Please refer to HCBS Settings Assessment- Provider Summary with highlighted areas scoring <80% and compare to location specific reports uploaded in Business Tools on the DDSN Applications Portal.)*

**Please type responses on this CAP form by creating space under each question.**

- How does your agency facilitate community integration for all participants?
- Does your agency currently have policies and/or practices in place to address each issue cited?  Yes  No If yes, please attach a copy of your policy/policies and highlight applicable
- As a result of the HCBS Settings Rule, do you anticipate changes to the agency's policy/procedures?  Yes  No
- If applicable, when will this new policy be submitted to your Board of Directors for approval? Anticipated date: \_\_\_\_\_
- If no revision to the policy is needed, how will you re-train staff to implement the existing policy/procedures to address concerns related to the HCBS Settings Rule?
- What is the anticipated date for training all agency staff on the policy/procedures? Anticipated date: \_\_\_\_\_
- What is your expected completion date for all staff to be trained? Anticipated Date: \_\_\_\_\_
- How will you ensure the change in policy/procedures have been implemented in practice?
- Who are the staff responsible for testing the implementation?

All Compliance Action Plans must address remediation to be completed by December 31, 2018. The CAPs must be reviewed quarterly by the provider agency to monitor progress.

Executive Director Review and Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOLLOW-UP REVIEW** Section below this line to be completed by SCDDSN

FOLLOW-UP REVIEW FINDINGS (Indicate Data/ Measurement Source and Date)

Progress towards the Compliance Action Plan verified through  Contract Compliance Review  Licensing Review  QIO Observation  Other Source:

Additional Action Required:

SCDDSN Review Date: \_\_\_\_\_ SCDDSN Staff Review: \_\_\_\_\_

CAP Instructions Co-Location Barriers to Egress **Community Integration** Choice of Setting Individualized Rights Auton

# CAP Completion: Co-Location

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When addressing co-location concerns, it is important to ensure that individualized supports are provided to each resident in the home. It may be appropriate to avoid practices such as keeping all medications for all residents in one home, having all meals eaten in or served from one home for all residents, offering only activities that are uniformly determined for all residents in all homes regardless of preferences.

Additionally, changing physical characteristics to reflect the preferences of the residents (e.g., flags, bench, plantings, front door color) as well as changing exterior uniformity with vehicle parking, car ports, etc. should be considered.

# CAP Completion

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From the SCDHHS HCBS Website:

<https://msp.scdhhs.gov/hcbs/site-page/hcb-settings-review>

Providers should **not** submit evidence that focuses on the aspects and/or severity of the disabilities of the individuals served in the setting (*from: CMS Webinar (Oct. 23, 2015). Home and Community Based Settings, Excluded Settings, and the Heightened Scrutiny Process*).

# CAP Completion

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- When policies are attached, any revisions to the policy which address the specific issues related to the indicator/domain should be highlighted.
- Providers should specify how training will be tailored to specifically address issues that were more prevalent in a specific residential model. The prevalence can be determined with the review of individual site assessments and the count of settings provided on the provider percentage analysis chart.
- All CAPs must be signed by the agency's Executive Director.

# CAP Completion: Deadlines

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CAPs must reflect strategies that will achieve compliance by the established deadlines.

SCDHHS has established the following deadlines for compliance to be achieved:

- Residential settings (except for issues related to co-location): ~~December 31, 2018~~ **June 30, 2019**
- Day Services and Co-Located settings: **March 17, 2022.**

# CAP Submission

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Each completed CAP template and any supporting documents such as revised policies should be scanned into single file and the file named using this naming convention:

`provider_domain_identifier`

Examples: `newberryDSN_communityintegration_outings`  
`laurensDSN_colocation_MayCTHII`

# CAP Submission

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Named files should be sent via encrypted email to:

[HCBS@ddsn.sc.gov](mailto:HCBS@ddsn.sc.gov)

Deadline for submission:

**September 30, 2018**

NOTE: If required, an extension may be requested. Requests must be made via email to [HCBS@ddsn.sc.gov](mailto:HCBS@ddsn.sc.gov). Extensions will not exceed one month (10/31/18).

# CMS: Guidance On State Responsibilities

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“States are responsible for monitoring the implementation of remedial actions to achieve setting compliance [including] those that are primarily the responsibility of providers (provider level).”

DDSN monitoring through the QIO will begin July 1, 2019.

# DDSN Review of CAPs

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- DDSN will review to determine if the described actions will adequately address the areas of non-compliance by the established deadlines.
- DDSN will track/monitor progress towards compliance using the results of the QIO Review processes.
- DDSN may conduct on-site assessments/reviews.

# Co-Location – Technical Assistance

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Upon DDSN's receipt of the Co-Location CAPs, providers will receive 1:1 and potentially on-site technical assistance to remediate the concern.

# Next Steps

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- If review of the provider's CAP suggests that compliance cannot be achieved by the established deadline, a **State Level Quality Review will be conducted by SCDHHS.**
- Following the State Level Quality Review, if SCDHHS determines that the setting does have home and community-based qualities, the setting will be submitted to the Center for Medicare and Medicaid Services (CMS) for final **Heightened Scrutiny Review.**
- Following the State Level Quality Review, if SCDHHS determines that full compliance cannot be achieved through remediation, SCDHHS will **not refer** to CMS for a Heightened Scrutiny Review and will **begin the process of participant relocation.**

# Resources

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Many resources are available on the DDSN Website:

[www.ddsn.sc.gov](http://www.ddsn.sc.gov) > Quality Management > Home and Community-Based Settings Rule > resource links.

Resources are also available on the DDSN Applications Portal under Business Tools > Basic Assurances<sup>®</sup> and under Business Tools > HCBS Settings Final Rule Resources.

Additional resources can also be found on the SCDHHS HCBS Website:

<https://msp.scdhhs.gov/hcbs/site-page/hcb-settings-review>

# Questions

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Please direct questions related to the CAP process, to DDSN via email to the following address:

[HCBS@ddsn.sc.gov](mailto:HCBS@ddsn.sc.gov)